

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-30-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 95900, 95904, 99080-73 and 99213.

II. FINDINGS

1. The requestor billed \$1,599.00 for the disputed services.
2. The respondent paid \$384.00 based upon "C – Negotiated Contract Price." Neither party submitted contract information to support denial of "C"; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.
3. Total amount in dispute per TWCC-60 is \$447.00.
4. The insurance carrier did not submit a response to the request for medical dispute resolution.
5. Rule 129.5(d) states, "The doctor shall file the Work Status Report:
 - (1) after the initial examination of the employee, regardless of the employee's work status;
 - (2) when the employee experiences a change in work status or a substantial change in activity restrictions; and
 - (3) on the schedule requested by the insurance carrier (carrier), its agent, or the employer requesting the report through its carrier, which shall not to exceed one report every two weeks and which shall be based upon the doctor's scheduled appointments with the employee."

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
12-4-02	99213	\$108.00	\$0.00	C	\$48.00	Evaluation & Management GR (IV)	Office visit report supports billed service per MFG, reimbursement of \$48.00 is recommended.

12-4-02	99080-73	\$15.00	\$0.00	C	\$15.00	Rule 129.5(d)	Work status report does not reflect a change in claimant's condition that complies with statute; therefore, no reimbursement is recommended.
12-4-02	95900 (x6)	\$756.00	\$192.00	C	\$64.00/ nerve	Medicine GR (IV)	Nerve study report supports testing of Median and Ulnar and Radial nerves bilaterally. Therefore, the appropriate reimbursement of 6 X \$64.00 = \$384.00. The difference between amount paid and amount due per MFG is \$192.00.
12-4-02	95904 (X6)	\$720.00	\$192.00	C	\$64.00 / nerve		Nerve study report supports testing of Median and Ulnar and Radial nerves bilaterally. Therefore, the appropriate reimbursement of 6 X \$64.00 = \$384.00. The difference between amount paid and amount due per MFG is \$192.00.
TOTAL							The requestor is entitled to reimbursement of \$432.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 95900, 95904, 99213 in the amount of **\$432.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$432.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 4th day of June 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division